



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Wall	First Name Christopher	Middle Name Brian	Nickname Chris	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 6953 Lohr Way		5. FAX (Optional) ()		6. E-mail Address (Optional) Cbwall72@yahoo.com
7. City Indianapolis	State IN	ZIP Code 46214	8. County Marion	9. Telephone (Day) 317 503-0986
			10. Telephone (Evening) 317 503-0986	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) City County Council District 15	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Chris Wall For City County Council District 15				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 6953 Lohr Way		15. FAX (Optional) ()		16. E-mail Address (Optional) Cbwall72@yahoo.com
17. City Indianapolis	State IN	ZIP Code 46214-3289	18. County Marion	19. Telephone 317 503-0986
			20. Committee Organization Date (MM-DD-YY) 02/06/15	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Christopher Brian Wall				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 6953 Lohr Way		23. FAX (Optional) ()		24. E-mail Address (Optional) Cbwall72@yahoo.com
25. City Indianapolis	State IN	ZIP Code 46214-3289	26. County Marion	27. Telephone (Day) 317 503-0986
			28. Telephone (Evening) 317 503-0986	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) BMO Harris Bank				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. JEFFREY ALAN PROMER		Person Appointed Treasurer JEFFREY ALAN PROMER			Signature of the Committee Chairperson CHRIS B WALL	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer JEFFREY ALAN PROMER						
34. Mailing Address <input type="checkbox"/> Check if this is a new address 5154 HECKMAN WY		35. FAX (Optional) ()		36. E-mail Address (Optional) J.PROMER@IUPUI.EDU		
37. City GREENWOOD	State IN	ZIP Code 46142	38. County JOHNSON	39. Telephone (Day) 317 374-5674	40. Telephone (Evening) 317 374-5674	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).
Signature of Person Accepting Appointment
[Signature]

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Christopher B. Wall	Signature of Chairperson Christopher B. Wall	Date (MM-DD-YY) 2/10/15
43. Typed or Printed Name of Candidate Christopher B. Wall	Signature of Candidate Christopher B. Wall	Date (MM-DD-YY) 2/10/15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

FEB 10 2015

Myla A. Edmundo